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4 BILL NO. R-72-10-04

5 RESOLUTION NO. R- 40-72

6 RESOLUTION authorizing payment for
7 repairs to City-owned vehicle.

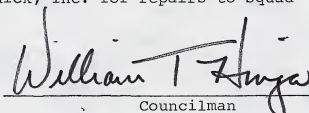
8 WHEREAS, Squad Car #10 was damaged in an automobile
9 accident August 13, 1972, at 1100 Nevada Street; and

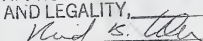
10 WHEREAS, settlement in the amount of \$69.00 was made
11 by Western Casualty and Surety Company, to the City Controller's
12 Office, which money was receipted into the General Fund; and

13 WHEREAS, Jim Kelley Buick, Inc. has submitted an estimate
14 in the amount of \$69.00, which sum is the reasonable value of
15 said repairs;
16

17 NOW THEREFORE, BE IT RESOLVED BY THE COMMON COUNCIL OF
18 THE CITY OF FORT WAYNE, INDIANA:

19 1. That the City Controller is authorized to pay the
20 sum of \$69.00 to Jim Kelley Buick, Inc. for repairs to Squad
21 Car # 10.
22

23 
24 Councilman

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35
APPROVED AS TO FORM
AND LEGALITY,

CITY ATTORNEY

Read the first time in full and on motion by _____ seconded by _____ and duly adopted, read the second time by title and referred to the Committee on _____ (and to the City Plan Commission for recommendation) (and Public Hearing to be held after due legal notice, at the Council Chambers, City-County Building, Fort Wayne, Indiana, on the _____ day of _____, 19____, at _____ o'clock P.M., E.S.T.

Date: _____ CITY CLERK

Read the third time in full and on motion by Hinga seconded by Solman and duly adopted, placed on its passage.

Passed (~~1972~~) by the following vote:

AYES <u>9</u>	NAYS <u>0</u>	ABSTAINED _____	ABSENT _____ to-wit:
Burns <u>✓</u>	_____	_____	_____
Hinga <u>✓</u>	_____	_____	_____
Kraus <u>✓</u>	_____	_____	_____
Nuckols <u>✓</u>	_____	_____	_____
Moses <u>✓</u>	_____	_____	_____
Schmidt, D. <u>✓</u>	_____	_____	_____
Schmidt, V. <u>✓</u>	_____	_____	_____
Stier <u>✓</u>	_____	_____	_____
Talarico <u>✓</u>	_____	_____	_____

Date 10-10-72

Chuck W. Wintermire
CITY CLERK

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana as (Zoning Map) (General) (Annexation) (Special) (Appropriation) Ordinance (Resolution) No. R-40-72 on the 10th day of October, 19 72.

ATTEST: (SEAL)

Chuck W. Wintermire
CITY CLERK

PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 11th day of October, 19 72 at the hour of 9:00 o'clock A M., E.S.T.

Chuck W. Wintermire
CITY CLERK

Approved and signed by me this 11th day of October, 19 72 at the hour of 10:00 o'clock A m., E.S.T.

Dean H. Helms
MAYOR

Quietas #126

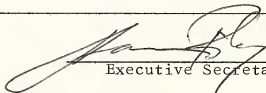
Date September 12, 1972

TO THE CITY CONTROLLER:

The Board of Public Safety

requests that a Resolution be prepared and submitted to the City Council authorizing the payment of \$ 69.00 from Insurance money deposited in General Fund

Reason for Transfer Accident involving Squad Car #10 at 1100 Nevada
on August 13, 1972. Estimate by Jim Kelley Buick Agency was in the
amount of 69.00. Check was received in same amount from the Western
Casualty and Surety Company #F418 00 54.



Executive Secretary

Directions -- Departments requesting transfer of funds from one account to another, or for the appropriation of funds from the unexpended balance of the General Fund must fill out this form in duplicate, and send both the original and one copy to the Controller's Office. It is suggested that a third copy be made and retained by the department originating the request. The Controller's office will retain one copy of the form and send the other to the City Attorney which will be his authorization to prepare the appropriation ordinance. Please send the request for transfer of funds to the Controller as early as possible, and at least one week should be allowed for the City Attorney to prepare the appropriation ordinance and the City Clerk to enroll it for the next Council meeting.

House Memorandum

To Board of Public Safety Date Sept. 11, 1972
From Ray M. Franke, Safety Claim Office
Subject Squad Car #10 Accident 8-13-72

COPIES TO:

Attached is check #F 418 00 54 of the Western Casualty & Surety Company for \$69.00 which was the estimate by Jim Kelley Buick Agency to repair this vehicle. This check should go to the City Comptroller.

Ray M. Franke
Ray M. Franke, Safety Office

GREAT AMERICAN INSURANCE COMPANIES

LOSS ANALYSIS
DIVISION CODING

AUTOMOBILE ACCIDENT OR LOSS NOTICE

POLICY NUMBER		POLICY DATES		NAME & ADDRESS OF AGENT OR BROKER				CASE NO.																																																	
COVERAGE DATA <small>To be completed by agent</small>	LIMITS	BODILY INJURY	PROP. DAMAGE	MED. PAYMENTS	COMP. DEDUCTIBLE	COLL. DEDUCTIBLE	OTHER (SPECIFY)																																																		
	LOSS PAYEE (IF ANY)																																																								
<div style="display: flex; justify-content: space-between;"> (1) POLICYHOLDER NAME <u>BOARD OF PUBLIC SAFETY</u> BUS. PHONE <u>423-8287</u> RES. PHONE </div> <div style="display: flex; justify-content: space-between;"> ADDRESS <u>1, MAIN ST. FORT WAYNE INDIANA 46802</u> </div>																																																									
<div style="display: flex; justify-content: space-between;"> (2) TIME & PLACE DATE & TIME OF LOSS OR ACCIDENT <u>8/1/72 17:43</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. LOCATION <u>1100 Nevada - NORTH & SOUTH ALLEY</u> </div>																																																									
<div style="display: flex; justify-content: space-between;"> (3) AUTO USED OR OCCUPIED BY POLICYHOLDER YEAR <u>8-13-72</u> MAKE <u>DODGE</u> MODEL <u>4-DR</u> SERIAL NUMBER <u>Squad #10</u> MOTOR NUMBER LICENSE NO., YEAR & STATE <u>M.O. 1110 IND. 7</u> </div>																																																									
<div style="display: flex; justify-content: space-between;"> MUST give driver's age NAME OF OWNER () SAME AS POLICYHOLDER <u>SAME</u> ADDRESS () SAME AS POLICYHOLDER <u>SAME</u> BUS. PHONE <u>SAME</u> </div>																																																									
<div style="display: flex; justify-content: space-between;"> NAME OF DRIVER () SAME AS OWNER <u>SAME</u> AGE OF DRIVER ADDRESS () SAME AS OWNER <u>SAME</u> BUS. PHONE <u>SAME</u> </div>																																																									
<div style="display: flex; justify-content: space-between;"> OPER. LIC. # RELATION TO POLICYHOLDER (FAMILY, EMPLOYEE, ETC.) <u>OFFICIAL POLICE DUTIES</u> WAS CAR USED WITH DRIVER'S PERMISSION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO </div>																																																									
<div style="display: flex; justify-content: space-between;"> FOR WHAT PURPOSE WAS AUTO BEING USED AT TIME OF ACCIDENT? OTHER INSURANCE </div>																																																									
<div style="display: flex; justify-content: space-between;"> WHERE AUTO MAY BE SEEN (ADDRESS)? ESTIMATED COST OF REPAIRS </div>																																																									
<div style="display: flex; justify-content: space-between;"> IF THEFT, SPECIFY PROPERTY STOLEN. IF COLLISION OR COMPREHENSIVE, SPECIFY DAMAGE. </div>																																																									
<div style="display: flex; justify-content: space-between;"> DATE, LOCATION & BADGE NO. OR NAME OF POLICE AUTHORITY TO WHOM ACCIDENT WAS REPORTED. </div>																																																									
<div style="display: flex; justify-content: space-between;"> <u>8/1/72 1100 NEVADA - NORTH & SOUTH ALLEY</u> </div>																																																									
<div style="display: flex; justify-content: space-between;"> (4) DAMAGE TO PROPERTY OF OTHERS OWNER <u>JERRILD LEE BUTLER</u> ADDRESS <u>729 RIVERSIDE FT. WAYNE IND.</u> BUS. PHONE </div>																																																									
<div style="display: flex; justify-content: space-between;"> OTHER DRIVER () SAME AS ABOVE <u>DRIVERLESS MOVING VEHICLE</u> ADDRESS <u>Jerrild Butler As Agency</u> BUS. PHONE </div>																																																									
<div style="display: flex; justify-content: space-between;"> OPER. LIC. # LIST DAMAGE, IF AUTO, MAKE, YEAR, LICENSE NUMBER, YEAR & STATE <u>HOOD-GRILL RT. F. FENDER</u> BUS. PHONE </div>																																																									
<div style="display: flex; justify-content: space-between;"> WAS OTHER CAR INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME OF COMPANY & POLICY NUMBER </div>																																																									
<div style="display: flex; justify-content: space-between;"> (5) PERSONS INJURED <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NAME</th> <th>ADDRESS</th> <th>PHONE</th> <th>AGE</th> <th>PASSENGER IN POLICY- HOLDER CAR</th> <th>OTHER CAR</th> <th>PEDES- TRIAN</th> <th>EXTENT OF INJURIES</th> </tr> </thead> <tbody> <tr> <td colspan="8" style="text-align: center;">(CHECK ONE)</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> </div>										NAME	ADDRESS	PHONE	AGE	PASSENGER IN POLICY- HOLDER CAR	OTHER CAR	PEDES- TRIAN	EXTENT OF INJURIES	(CHECK ONE)																																							
NAME	ADDRESS	PHONE	AGE	PASSENGER IN POLICY- HOLDER CAR	OTHER CAR	PEDES- TRIAN	EXTENT OF INJURIES																																																		
(CHECK ONE)																																																									

SEE REVERSE SIDE FOR ACCIDENT DESCRIPTION AND OTHER INFORMATION

Nick Palmer
Signature of Agent or Broker

Date

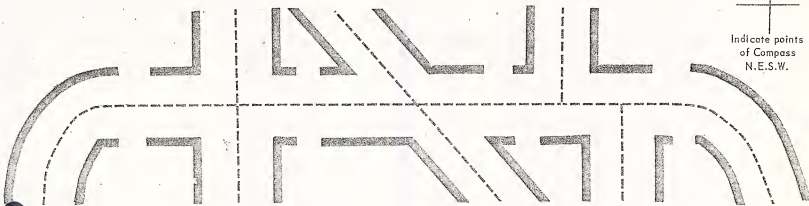
(6)
NAMES AND
ADDRESSES
OF
INJURED
OCCUPANTS
AND
WITNESSES

OCCUPANTS OF INSURED CAR	ADDRESS	PHONE
		BUS.
		RES.
OCCUPANTS OF OTHER CAR	ADDRESS	PHONE
		BUS.
		RES.
OTHER WITNESSES OR PERSONS PRESENT	ADDRESS	PHONE
		BUS.
		RES.

(7)
DESCRIPTION
OF
ACCIDENT

VEH. #1 ROOLED FROM A STOPPED POSITION IN THE ALLEY INTO
THE STREET AND STRUCK VEH. # 2 PARKED IN THE STREET.
THE OWNER OF VEH. #1 GOT OUT OF THE CAR AND RAN FROM POLICE
WITHOUT SETTING THE BRAKES, CAUSING THE CAR TO ROLL INTO
THE POLICE CAR, VEH # 2.

Complete the following diagram showing direction & positions of automobiles or property involved, designating clearly point of contact.



INSTRUCTIONS:

GIVE STREET NAMES, DIRECTIONS AND LOCATIONS OF OBJECTS INVOLVED

- (1) Number each vehicle and show direction of travel by arrow → 1 2 ←
- (2) Use solid line to show path of each vehicle before accident → 1 dotted line after accident 1
- (3) Show motorcycle or bicycle by → ○ ○
- (4) Show pedestrian by → ○
- (5) Show railroad by |||||





JIM KELLEY BUICK, Inc.
1819 So. Calhoun St. Phone 456-1211
FORT WAYNE, INDIANA

ESTIMATE
OF REPAIR

NAME Bd. R. G. Hendrix ADDRESS 10
MAKE OF CAR Dodge YEAR 71 LICENSE NO. 11110 MILEAGE 10 SERIAL NO. 10 DATE 8-14
INSURED BY John ADJUSTER John HOME TELEPHONES 10

SHEET NO.	DESCRIPTION OF REPAIRS AND REPLACEMENTS	PAINT HOURS	LABOR HOURS	PARTS AND MATERIAL LIST PRICE	SUB NET
1	<u>John R. G. Hendrix</u>	1.85	52		
2					
3					
4					
5	<u>Material</u>			6.00	
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

The above is an estimate, based on our inspection, and does not cover additional parts or labor which may be required after the work has been opened up. Occasionally, if work has started, worn, broken or damaged parts are discovered which are not evident on first inspection. Quotations on parts and labor are current and subject to change. * Rust Work Not Guaranteed

Yow \$ Storage per Fwd. to sheet #
Labor 7.0 Hrs. 1.85 52 6.00
Parts \$ 6.00
Sublet and Mat Items \$ 6.00
State Tax \$ 6.00
TOTAL \$ 69.00

CLAIM DRAFT
PAYABLE THROUGH
CITIZENS NATIONAL BANK
FORT SCOTT, KANSAS

To { THE WESTERN CASUALTY AND SURETY COMPANY
THE WESTERN FIRE INSURANCE COMPANY
THE WESTERN INDEMNITY COMPANY, INC.
Fort Scott, Kansas 66701

THIS DRAFT VOID IF NOT PRESENTED
FOR PAYMENT WITHIN 90 DAYS FROM DATE.

No. F418 00 54

23-56
1011

UPON ACCEPTANCE
PAY TO THE ORDER OF

☐ ☒ ☐ Fort Wayne, Ind- Indian STATE 9-6-72 DATE

Fort Wayne Board of Public Safety

Sixty Nine dollars and 00/100*****DOLLARS \$ 69.00

IN PAYMENT OF

Property Damage loss of August 13, 1972

H.O. CLAIM NO.

POLICY NO.

BRANCH OFFICE CLAIM NO.

H 600-1407

INSURED

Jerrold L. Butler

729 Riverside Ave.
Fort Wayne, Ind.

J E Spencer
FOR THE COMPANY

GAB, Inc

DO NOT FOLD-STAPLE OR SPINDLE

101100561



JIM KELLEY BUICK, Inc.
1819 So. Calhoun St. Phone 456-1211
FORT WAYNE, INDIANA

ESTIMATE OF REPAIRS

NAME Bd Public Safety ADDRESS 10 DATE 8-14-72

NAME OF CAR Sledge Polara YEAR 71 MAKE Ford LICENSE NO. 11110 MILEAGE 11110 SERIAL NO. 11110 TELEPHONES 11110

INSURED BY 11110 ADJUSTER 11110 INSPECTOR 11110 HOME 11110 BUS. 11110

SHEET NO.	DESCRIPTION OF REPAIRS AND REPLACEMENTS	PAINT HOURS	LABOR HOURS	PARTS AND MATERIAL LIST PRICE	SUBLET NET AND MISC.
1	<u>Ste R R Tender</u>	<u>1.8</u>	<u>5.2</u>		
2					
3					
4					
5	<u>Material</u>			<u>6.00</u>	
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
Tow \$	Storage per	Fwd. to sheet #	<u>1.8</u>	<u>5.2</u>	<u>6.00</u>

The above is an estimate, based on our inspection, and does not cover additional parts or labor which may be required after the work has been opened up. Occasionally, work has started, worn, broken or damaged parts are discovered which are not included on first inspection. Quotations on parts and labor are current and subject to change. ★ Rust Work Not Guaranteed

Labor 7.0 Hrs. 9.00 \$ 63.00
Parts \$ 6.00
Sublet and Net Items \$ 6.00
State Tax \$ 6.00
TOTAL \$ 69.00

ORDINANCE CHECK-OFF SHEET

INFORMATION REGARDING ORDINANCE

CONTENTS OF ORDINANCE

BILL NO.	<i>B-72-10-04</i>
ORDINANCE NO.	<i>B-40-72</i>
<input checked="" type="checkbox"/> REGULAR SESSION	<i>10-10-72</i>
SPECIAL SESSION	
APPROVED AS TO FORM AND LEGALITY	<i>Keller</i>
BILL WRITTEN BY	
DATE INTRODUCED	<i>10-10-72</i>
REFERRED TO SAID STANDING COMMITTEE	<i>Hinga Finance</i>
REFERRED TO CITY PLAN	
LEGAL PUBLIC HEARING	
LEGAL PUBLICATION	
JOINT HEARING	
DEPARTMENT HEARING	
HOLD FILE	
<input checked="" type="checkbox"/> PASS	<i>10-10-72</i>
DO NOT PASS	
WITHDRAWN	
SUSPENSION OF RULES	
PRIOR APPROVAL	
ORDINANCE TAKEN OUT OF OFFICE	
OTHER INSTRUCTIONS REGARDING ORDINANCE	
CORRECTIONS MADE TO ORDINANCE	
PEOPLE SPEAKING FOR ORDINANCE	
PEOPLE SPEAKING AGAINST ORDINANCE	

	COMMITTEE SHEET
<input checked="" type="checkbox"/>	VOTE SHEET
	PURCHASE ORDERS
	BIDS
	ORDERS, BIDS OR OTHER PAPERS TAKEN OUT AND BY WHOM
	LETTER REQUESTING ORDINANCE DRAWN UP BY CITY ATTORNEY
	COMMUNICATIONS FROM <i>Boarding Party Trade & Police Office</i>
	ZONING MAPS
	<i>Customs the Accident & Loss Police - Bills from</i> ABSTRACTS <i>Jim Kelly</i>
	TITLES
	PRIOR APPROVAL LETTER

COUNCILMAN'S VOTE

	AYES	NAYS	ABSENT
BURNS	<input checked="" type="checkbox"/>		
HINGA	<input checked="" type="checkbox"/>		
KRAUS	<input checked="" type="checkbox"/>		
MOSES	<input checked="" type="checkbox"/>		
MUCKOLS	<input checked="" type="checkbox"/>		
D. SCHMIDT	<input checked="" type="checkbox"/>		
V. SCHMIDT	<input checked="" type="checkbox"/>		
STIER	<input checked="" type="checkbox"/>		
TALARICO	<input checked="" type="checkbox"/>		

COMMENTS: